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Facsimile Transmittal

DATE: December 22, 2003

TO: Examiner David C. Mis
USPTO

FAX : 703-872-9318

RE: Application No: 10/020,667
Filed: December 10, 2001

FROM: George C. Pappas

PHONE: (858)651-1306
FAX (858)658-2502

Number of Pages Sent: (including this transmittal cover sheet)
Attached hereto: Amendment Transmittal (1) pages; Preliminary
Amendment (7) pages.

I hereby certify that this correspondence is sent VIA FACSIMILE to the
Commissioner of Patents, ALEXANDRIA, VA 22313,
703-872-9318, on:

December 22, 2003

(Date of Deposit)

Darla D. Kasmada

(Name of the Person Making Deposit)

(Signature)

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U.S. Department of Commerce
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PATENT**AMENDMENT TRANSMITTAL FORM**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 0100731J2
In Re Application of: Paul Peterzell, et al.
Serial Number: 10/020,869 **607**
Filed: December 22, 2003
Examiner: David V. Mis
Group Art Unit: 2817

Dear Sir:

Transmitted herewith for filing is a **Preliminary Amendment** in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|------------------------|------------------|------------|
| Total* | 52 | 52 | | x \$18 = | \$0 |
| Independent** | 6 | 6 | 0 | x \$86 = | \$0 |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$290 | \$ |
| EXTENSION FEES <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months | | | | \$110 | \$ |
| | | | | \$420 | \$ |
| | | | | \$950 | \$ |
| TERMINAL DISCLAIMER | | | | \$110 | \$ |
| | | | | TOTAL FEE | \$0 |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 12/22/03

Signature: _____

George C. Pappas, Reg. No. 35,065
858-651-1306QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

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- deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FACSIMILE

- ☒
- transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla D. Kasmedy
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Signature: _____

(TRANSAMD.VER1.13-07/30/03)

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